

June 23, 2009

Los Angeles County **Board of Supervisors**

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TO:

Each Supervisor

FROM:

John F. Schunhoff, Ph.D. (1944)

Interim Director

SUBJECT:

STATUS REPORT ON KEY INDICATORS OF PROGRESS. HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER - PROGRESS REPORT #14 (Agenda Item #S-1,

June 23, 2009)

This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the period of May 2009.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of May was 577 out of 671 licensed beds, an estimated 84% utilization rate (86% occupancy). This is a slight increase in ADC for April 2009. The census for Medical/Surgical (Med/Surg) is an estimated 92% utilization rate (94% occupancy) for May 2009.

Additional Information Requested

On June 9, 2009, DHS was instructed by Supervisor Antonovich to report back: 1) a narrative assessing the data in the charts and tables provided within the reports, particularly on the specific problems that are reflected by the data and the actions being taken to address the problem areas; and 2) the positive results of past actions that have taken and how these results are reflected in the performance indicators.

Furthermore, in the status reports, it is indicated that the Office of Managed Care is working on a plan to guide the contracting and marketing of specialty care services at LAC+USC: 1) if successful, how will the Department reconcile the County's responsibilities under Section 17000 with the expanded utilization by private providers; and 2) would that include both inpatient and outpatient care?

Narrative and Positive Outcomes -- In addition to the narrative reported in the Comments section of the attachment and the Census Trending above, LAC+USC has experienced upward trending in the areas of Median Emergency Department Boarding Time (EDBT), ED Wait Times, Left Without Being Seen (LWBS) and ambulance diversion. Based on this and the growing census, several measures have been implemented to bring these times down and improve patient flow including:

1. Obtaining license flex approval from the California Department of Public Health with respect to 10 intensive care unit (ICU) beds which

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were not utilized or staffed. This allows for the use of these beds as Med/Surg with a lower nurse patient ratio. Currently, there is a greater need for inpatient ward beds as opposed to ICU beds.

- 2. Identifying a Temporary ED Overflow patient care area of the Diagnostic and Treatment Tower that is utilized as needed when the boarding time of patients waiting to be admitted becomes problematic due to lack of inpatient capacity.
- 3. Implementing the ED Surge Plan (without using hallway beds) to identify levels of ED crowding (using a scale of six levels) to implement various measures based on degrees of overcrowding. This is a response plan that engages the entire institution's involvement. The degree of response escalates to prevent or mitigate further overcrowding and the consequences of such.
- 4. Expanding open hours of the Urgent Access Diagnostic Center as well as number of ED referral appointments.

As demonstrated in Attachment 1, these measures have reduced the Median EDBT by up to 40% for Adults and by 34% overall; decreased ED Wait Time by 23%; decreased LWBS by nearly 37%; and has reduced diversion of ALS units due to ED saturation by up to 40% from prior four months.

Health Plan Agreements for Specialty Inpatient Care -- DHS, through the Office of Managed Care, has developed an action plan that will guide the contracting and marketing activities needed to promote the under-utilized specialty care services at LAC+USC. Contracts will only allow acceptance of patients when capacity is available and DHS will develop procedures to ensure that the County's Section 17000 obligation is met. Such contracts will not be used for highly impacted areas such as Med/Surg beds but rather for specialty beds where LAC+USC has available capacity, such as the Burn, Obstetric and Pediatric Units as well as the Neonatal Intensive Care Unit. Contracting for outpatient care is not a consideration as current outpatient capacity is not available. Contracted patients treated in inpatient specialty care units will be referred back to their health plan for ongoing care.

If you have any questions or need additional information, please contact me or Carol Meyer, Interim Chief Network Officer at (213) 240-8370.

JFS:CM:pm 811:003

Attachment

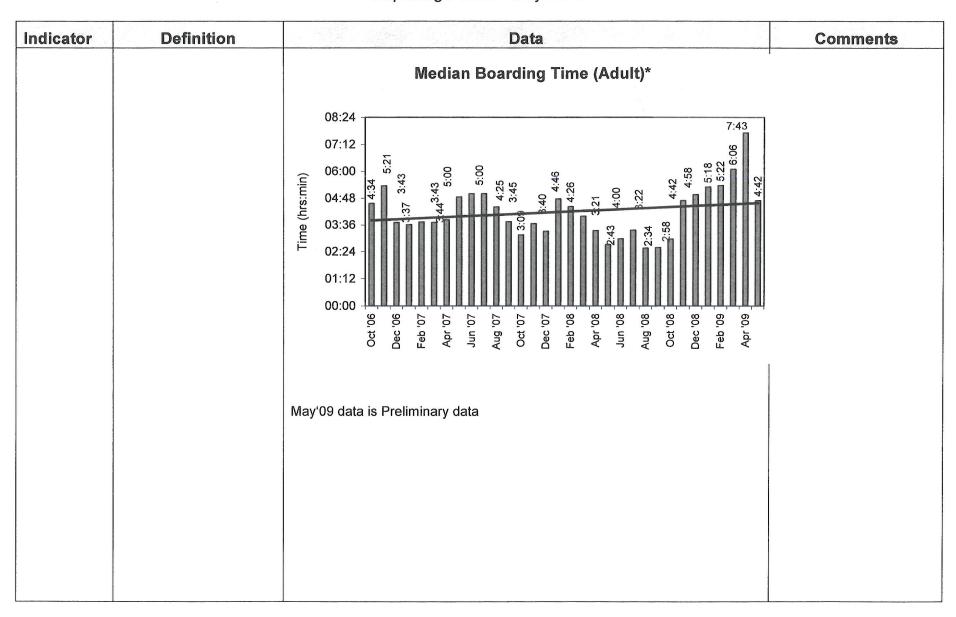
c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dai	ly Census and Hospital Operations Metrics	
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. Source of Data: Affinity	ADC TOO 150 150 150 150 150 150 150 150 150 150	ADC provided as background information.

Indicator	Definition	Data	Comments
Indicator #1	– Trends in Average Dai	y Census and Hospital Operations Metrics	
1b. Occupancy Rate LAC+USC Medical Center	Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period by the licensed bed days in the reporting period. Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. Source of Data: Affinity Target: 95%	1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600 80% 83% 84% 84% 85% 85% 85% 86% 80% 80% 80% 80% 80% 80% 80% 80% 80% 80	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds.
		Nov '08 Dec '08 Jan '09 Feb '09 Mar '09 Apr '09 May '09	

Indicator	Definition	Data	Comments	
		Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671 Med Center Census + Newborns + Psych Hosp Census / 671		
		90% 80% 77.7% 82% 83% 85% 85% 85% 85% 85% 80% 70% 60% 40% 30% 20% 10% 0% Nov'08 Dec'08 Jan'09 Feb'09 Mar'09 Apr'09 May'09		
		Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals		
ndicator #2 - E	Emergency Departme	ent Metrics		

Indicator	Definition	Data	Comments
2a. Median Emergency Department Boarding Time (EDBT)	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient actually leaves the ED en route to assigned bed (effective date and time of the ED disposition).	Median EDBT 7:12 6:00 4:48 7:12 6:00 7:13 7:14 6:09 9:32 7:31 8:28 8:24 7:15 8:28 8:29 8:29 8:30 9:30	'08 09 09 '09 09
*Harris Rodde Indicator	Calculation: The middle value in the set of individual boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values.	2:24 1:12 0:00 Adult Peds Total May '09 data is Preliminary data	
-	Source of Data: Affinity Target: Less than 7 hours.		

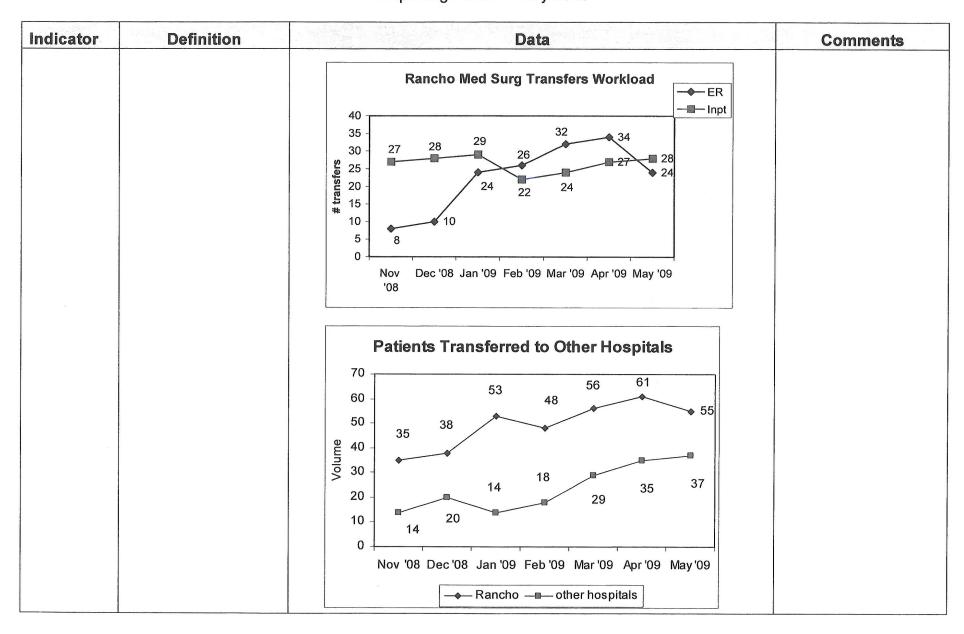


Indicator	Definition			Data		Comments
Indicator #2	- Emergency Departmen	Metrics				
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity	14:24 12:57 11:31 10:04 08:38 07:12 05:45 04:19 02:52 01:26 00:00	Adult	Peds 3:18	Total 10:30	
	Target:	□ Dec '08		2:53	09:36	
	No target value. Lower	□ Jan '09		3:20	10:41	
	numbers are better.	□ Feb '09		3:31	9:19	
		□ Mar '09	10:18	3:18	12:12	
		□ Apr '09	13:00	3:32	11:06	
		■ May '09	10:00	3:36	08:42	
		patients		•	c, Observation Unit, and Jail servation Unit, and Jail	
		May '09 data is	Preliminary dat	a		

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Department	Metrics	
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	2500 Left Without Being Seen 2500 18% 16% 14%	
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data: Affinity Target: No target value. Lower numbers are better.	1500 1000	

Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation TO	This is slightly lower than the before move diversion history which generally ranged between 50-60%. Key points: Diversion is for paramedic runs only; Basic Life Support ambulances still arrive. When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".
2e. Surge Report		Surge reporting suspended during move weeks. Data not available. Will provide when reinstituted.	

		Comments			
- Trends for Patient Dive	rsions and Transfers & #4	– Transfers	to Rancho Los	Amigos Metrics	S
Transfers: The volume of patients	Month of May Referrals from ER:				
acute hospitalization		Med/Surg	Acute Stroke	Total	
Department and from	# Met transfer criteria	40	NA	-	
Inpatient Units.	# Referred to RLAH	33	24	57	
Data Carres	# Transfers	24	24	48	
Manual record keeping.	# Denied	0	NA	-	
	# Cancelled	16*	NA	-	
Cancelled category	# Patients refused*	10	NA	-	
condition changed leading to higher level	Referrals from Inpatients				
of care or discharge home.		Med/Surg	Acute Stroke	Total	
	# Met transfer criteria	44	NA	-	
	# Referred to RLAH	44	3	47	
	# Transfers	27	3	30	
	# Denied	2	NA		
	# Cancelled	13	NA	-	
	# Patients refused	1	NA	-	
	Other /Pending	1	NA	- "	
	Transfers: The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units. Data Source: Manual record keeping. Cancelled category includes patients who's condition changed leading to higher level of care or discharge	Transfers: The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units. Data Source: Manual record keeping. Cancelled category includes patients who's condition changed leading to higher level of care or discharge home. Month of May Referrals from ER: # Met transfer criteria # Patients refused* Referrals from Inpatients Referrals from Inpatients # Met transfer criteria # Referrals from Inpatients # Met transfer criteria # Referrals from Inpatients # Met transfer criteria # Referrals from Inpatients # Patients refused # Denied # Cancelled # Patients refused	Transfers: The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units. Data Source: Manual record keeping. Cancelled category includes patients who's condition changed leading to higher level of care or discharge home. Month of May Referrals from ER: Med/Surg # Met transfer criteria 40 # Referred to RLAH 33 # Transfers 24 # Denied 0 # Cancelled 16* # Patients refused* 10 Referrals from Inpatients: Med/Surg # Met transfer criteria 44 # Referred to RLAH 44 # Transfers 27 # Denied 2 # Cancelled 13 # Patients refused 1	Transfers: The volume of patients transferred to RLAH for acute hospitalization from the Emergency Department and from Inpatient Units. Data Source: Manual record keeping. Cancelled category includes patients who's condition changed leading to higher level of care or discharge home. Med/Surg Acute Stroke # Met transfer criteria 40 NA # Referred to RLAH 33 24 # Transfers 24 24 # Denied 0 NA # Cancelled 16* NA # Patients refused* 10 NA **Referrals from Inpatients: Med/Surg Acute Stroke **Med/Surg Acute Stroke* **Med/Surg Acute Stroke* **Met transfer criteria 44 NA # Referred to RLAH 44 3 # Transfers 27 3 # Denied 2 NA # Cancelled 13 NA # Patients refused 1 NA	Referrals from ER: Referrals from Inpatients: Referrals from Inpatie



Indicator	Definition	Data	Comments
Indicator #5	– Harris Rodde Indicator	s	
Average Length of Stay (ALOS)	LOS: The difference between discharge date and the admission date or 1 if the 2 dates are the same. Total LOS:	ALOS 6.5 6.6 6.5 6.6 5.6 5.6 5.7 5.8 5.7 5.8 5.8 5.8 5.8 5.8 5.8 5.8 5.8 5.8 5.8	Overall trend in ALOS for the 2-year period prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior to the move, the ALOS increased as the lower acuity patients were transferred to other facilities. This trend may continue depending on number of transfers.
*Harris Rodde Indicator	Calculation: ALOS is the arithmetic mean calculated by	4.7 3.5 3 90, 00, 00, 00, 00, 00, 00, 00, 00, 00,	
	Source of Data: Affinity Target: <5.5 days	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation	

Indicator	Definition			Data			Comments													
Indicator #6 – F	Pediatric Metrics																			
6. Pediatric Bed Census and Occupancy	Census: The total number admitted pediatric inpatients at 12:00 AM	100% -		Pediatrics		Гь. "														
(%)	midnight of a designated pediatric ward.	600/																		
Pediatric ICU (PICU)	The total number of admitted pediatric inpatients divided by the total number of licensed beds on that unit and reported as	The total number of	The total number of	The total number of	The total number of	The total number of	The total number of	The total number of	30 80% - 00 8 40% -											
Neonatal ICU (NICU)		20% -																		
Pediatric Unit Adolescent		unit and reported as	licensed beds on that NICU (40 Peds Ward PICU (10		Med/Surg Adolescent (20 Beds)															
Unit	p containing or	■ Nov-08	56%	54%	50%	33%														
		□ Dec-08	52%	60%	60%	40%														
	Source of Data:	□ Jan-09	52%	68%	70%	75%														
	Affinity	□ Feb-09	50%	80%	80%	85%														
	180	Mar-09	57%	72%	70%	80%														
		□ Apr-09	57%	60%	60%	75%														
		■ May-09	62%	72%	70%	80%														